

Exhibit C

To Be Completed By Post Office	Reg. Fee	\$7.50	
	Handling Charge	\$10.00	Return Receipt \$1.75
	Postage	\$14.50	Restricted Delivery \$10.00
	Received by <i>[Signature]</i>		
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance	
Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. <i>(See Reverse).</i>			
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed			
FROM CHIMIELES + TIKELLES U.P. ONE Rooney SQUARE P.O. Box 1035			
TO WILMINGTON DE 19899 LABORATORIES Fournier, S.A. ATTENTION: General Counsel 45 R Rue de Longvie 21300 Chenove FRANCE			

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2001 /7520-02-000-00511 **See Information on Reverse**

Declaration of Value: You must declare the full value of all Registered Mail™ articles at the time of mailing, whether you want to purchase insurance or not.

With Postal Insurance: You can purchase postal insurance against loss or damage by paying the appropriate fee.

Without Postal Insurance: You can also send an article by Registered Mail without purchasing postal insurance by paying the appropriate fee. No indemnity is paid for uninsured articles.

Indemnity Coverage:

Domestic - Indemnity coverage for domestic Registered Mail is limited to the lesser of (1) the declared value of the articles; (2) the cost of repairs; or (3) the value of the articles at the time of mailing. For additional information about insurance limits and coverage, see *Domestic Mail Manual* S010 and S911 at www.usps.com or ask your local postmaster.

International - Indemnity coverage for international Registered Mail is limited to the maximum set by the Convention of the Universal Postal Union. Ask your postmaster and see the *International Mail Manual* at any post office or at www.usps.com for limitations of coverage and individual country prohibitions and restrictions.

How to File a Claim:

Domestic - For complete or partial loss or damage present (1) this receipt; (2) the article, container, and packaging; and, (3) evidence to substantiate your claim. Please allow at least 30 days after filing to inquire about the status of your claim.

Claims for loss must be filed within 180 days of the date the article was mailed. Make claims for complete or partial loss of contents, damage, or alleged rifling immediately, but no later than 60 days from the date of mailing.

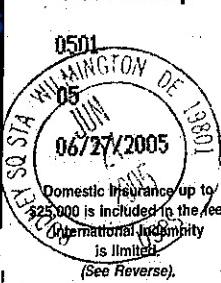
International - Claims for loss must be filed within six months of the date the article was mailed. Claims for damage and complete or partial loss of contents, must be filed immediately. The article, contents, and packaging must be presented to the destination post office.

PS Form 3806, May 2004, (Customer Copy - Reverse)

To Be Completed By Post Office	Handling Charge	\$ 0.00	Return Receipt	\$ 1.75
	Postage	\$ 14.50	Restricted Delivery	\$ 0.00
	Received by			

Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance
	<input checked="" type="checkbox"/> Without Postal Insurance

\$0.00



To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Chimicles + TIKELLIS LLP ONE Rodney Square P.O. Box 1035 WILMINGTON DE 19801
	TO	Fournier Industrie ET SANTE ATTENTION General Counsel 42 Rue de Longue 75002 Paris France

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
June 2002 (See Information on Reverse)

For delivery information visit our website at www.usps.com ®

Declaration of Value: You must declare the full value of all Registered Mail articles at the time of mailing.

With Postal Insurance: You can purchase postal insurance against loss or damage by paying the appropriate fee. \$0.00

Without Postal Insurance: You can also send an article by Registered Mail without purchasing postal insurance. No indemnity is paid for uninsured articles.

Indemnity Coverage:

Domestic - Indemnity coverage for domestic Registered Mail is limited to the lesser of (1) the declared value of the article at the time of mailing if lost or totally damaged, or (2) the cost of repair. Ask your postmaster for additional information about insurance limits and coverage. See *Domestic Mail Manual* S010 and S911 for limitations of coverage.

International - Indemnity coverage for international Registered Mail is limited to the maximum set by the Convention of the Universal Postal Union. Ask your postmaster and see the *International Mail Manual* for limitations of coverage and individual country prohibitions and restrictions.

How to File a Claim: You must file domestic claims within one year of the date the article was mailed. International indemnity claims for loss must be filed within six months of the date the article was mailed. Make claims for complete or partial loss of contents, damage, or alleged rifling immediately. For complete or partial loss or damage present (1) this receipt, (2) the article, container, and packaging; and, (3) evidence to substantiate your claim.

Please allow three months after you file to inquire about the status of your claim.

Exhibit D

Item Description <i>(Déscription de l'article)</i>		Registered Article (Envoi recommandé) <input checked="" type="checkbox"/>	Letter (Lettre) <input type="checkbox"/>	Printed Matter (Imprimé) <input type="checkbox"/>	Other (Autre) <input type="checkbox"/>	Recorded Delivery (Envoi à livraison attestée) <input checked="" type="checkbox"/>	Express Mail International <input type="checkbox"/>				
Insured Parcel (Colis avec valeur déclarée) <input type="checkbox"/>		Insured Value (Valeur déclarée) <input type="checkbox"/>		Article Number RB 858 314 438 US		Date of Posting (Date de dépôt) 06/27/05					
Office of Mailing (Bureau de dépôt)		Addressee Name or Firm (Nom ou raison sociale du destinataire) FAURNIER INDUSTRIE ET SANTE									
Street and No. (Rue et No.) 42 Rue de Longue		Place and Country (Localité et pays) 21300 Chenove FRANCE									
Completed by the office of origin (A remplir par le bureau d'origine)											
<p>This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)</p> <table border="1"> <tr> <td><input type="checkbox"/> The article mentioned above was duly delivered. <i>(L'envoi mentionné ci-dessus a été fiduciairement livré.)</i></td> <td>Date <i>06/27/05</i></td> </tr> <tr> <td>Signature of Addressee (Signature du destinataire) <i>C. Fournier</i></td> <td>Office of Destination Employee Signature (Signature de l'agent du bureau du destinataire) <i>CDL</i></td> </tr> </table>								<input type="checkbox"/> The article mentioned above was duly delivered. <i>(L'envoi mentionné ci-dessus a été fiduciairement livré.)</i>	Date <i>06/27/05</i>	Signature of Addressee (Signature du destinataire) <i>C. Fournier</i>	Office of Destination Employee Signature (Signature de l'agent du bureau du destinataire) <i>CDL</i>
<input type="checkbox"/> The article mentioned above was duly delivered. <i>(L'envoi mentionné ci-dessus a été fiduciairement livré.)</i>	Date <i>06/27/05</i>										
Signature of Addressee (Signature du destinataire) <i>C. Fournier</i>	Office of Destination Employee Signature (Signature de l'agent du bureau du destinataire) <i>CDL</i>										
Postmark of the office of destination (Marque postale du bureau de destination)											

PS Form 2865, February 1997 (Reverse)

 UNITED STATES POSTAL SERVICE		Return Receipt for International Mail (Registered, Insured, Recorded Delivery, Express Mail)	
<i>Administration des Postes des Etats-Unis d'Amérique</i>		 <i>Consigné à l'office de poste de... à l'adresse du... à l'avis de réception du... à l'avis de réception du... à l'avis de réception du...</i>	
<i>A renvoyer par la voie la plus rapide (aérienne ou de surface), à découvert et en franchise de port.</i>		<i>The sender completes and indicates the address for the return of this receipt. (Le remettant complète et indique son adresse pour le renvoi du présent avis.)</i>	
<i>Name or Firm (Nom ou raison sociale)</i> <i>Chimieles + intellectus LLP</i>		<i>Street and Number (Rue et no.)</i> <i>One Rodney Square, P.O. Box 1035</i>	
		<i>City, State, and ZIP + 4 (Localité et code postal)</i> <i>WILMINGTON DE 19899</i>	
<i>UNITED STATES OF AMERICA</i>		<i>Etats-Unis d'Amérique</i>	

PS Form 2865, February 1997 Avis de réception CN07 (Old C)

Item Description Document 10-A (Description de l'envoi)		Registered Article (Envoi recommandé) <input checked="" type="checkbox"/>	Letter Letter (Lettre) <input type="checkbox"/>	Printed Letter (Imprimé) <input type="checkbox"/>	Other Other (Autre) <input type="checkbox"/>	Recorded Delivery (Envoyé à livraison attestée) <input checked="" type="checkbox"/>	Express Mail International (Mail Int'l national) <input type="checkbox"/>
Insured Parcel <input type="checkbox"/> (Colis avec valeur déclarée)		Insured Value (Valeur déclarée)		Article Number		RB 858 314 441 US	
Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt) 6/27/05					
Addressee Name or Firm (Nom ou raison sociale du destinataire) Laboratories Fournier, S.A.							
Street and No. (Rue et No.) 42 Rue de Longue							
Place and Country (Localité et pays) 21300 Chenove FRANCE							
Completed by the office of origin (A remplir par le bureau d'origine)		This receipt must be signed by: (1) the addressee, or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Ce avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)					
Completed at destination (A remplir à destination)		<input type="checkbox"/> The article mentioned above was duly delivered. <input type="checkbox"/> (L'envoi mentionné ci-dessus a été fidèlement livré.) Date: 7/1/05 					
		Signature of Addressee (Signature du destinataire)		Office of Destination Employee Signature 		Postmark of the office of destination / Timbre du bureau de destination	

PS Form 2865, February 1997 (Reverse)



Administration
des Postes des
Etats-Unis
d'Amérique

Return Receipt for International Mail

(Registered, Insured, Recorded Delivery, Express Mail)

Par Avion

Return by the
quickest route
(air or surface
mail), a découvert
and postage free.

A renvoyer par
la voie la plus
rapide, (aérienne
ou de surface),
à découvert et
en franchise de
port.

The sender completes and indicates the address for the return of this receipt.
(A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)

Name or Firm (Nom ou raison sociale)

Chimides + TIKELLIS LLP

ONE BOONEY SQUARE P.O. Box 1035

Street and Number (Rue et no.)

WILMINGTON DE 19809

City, State, and ZIP + 4 (Localité et code postal)

UNITED STATES OF AMERICA

Etats-Unis d'Amérique

PS Form 2865, February 1997

Avis de réception

CN07 (Old C5)

Postmark of the office returning the receipt
Timbre du bureau renvoyant l'avis

